

# CLAIMS ONLY

Application Number

09/994469

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	1											
2		1					51					
3		1					52					
4		1					53					
5							54					
6							55					
7		1					56					
8							57					
9							58					
10							59					
11							60					
12	1						61					
13							62					
14							63					
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41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
Total Indep	2						100					
Total Depend	4						Total Indep					
Total Claims	6						Total Depend					
							Total Claims					